

CHAPTER 12

REPORT OF ACTUAL EXPENDITURES

Introduction

This chapter provides information for reporting actual expenditures by federal cost objectives at the end of the budget period. For purposes of this chapter, the federal cost objectives are referred to as the four reporting categories. This process is completed by the local agency through the submission of the Report of Actual Expenditures (DHS 4101) to the State WIC Branch.

Chapter topics include:

- Laws and Regulations
- Spending Levels and Reporting Requirements
- Time Study Requirements
- Reporting Format

The local agency is required to report expenditures (direct and indirect) for the budget period (October 1 – September 30) on the DHS 4101 and corresponding worksheet. The completed forms must be submitted to the State WIC Branch by December 15.

Changes Beginning Budget Period 2006

The following changes have been made to the DHS 4101 reporting process:

- The DHS 4101 is now a three part form;
- The Worksheet reports non NSA funds;
- WIC employees who work 100% of their time in one reporting category may, at the discretion of their local agency, complete a WIC Certification of Activity form; and
- A local agency must report unliquidated obligations by December 15 if they are to be claimed during the budget period.

I. LAWS AND REGULATIONS

Laws and Regulations	Title 7 of the Code of Federal Regulations (CFR) Part 246.14 defines Nutrition Services and Administrative Services (NSA) costs as exclusive of food costs and necessary to support WIC program operations. Part 246.14 also specifies minimum spending requirements on Nutrition Education, and Breastfeeding Promotion and Support. Refer to Chapter 1 of the CMB.
	Office of Management and Budget circulars A-87 (local government) and A-122 (non-profit) define allocable costs as those that are incurred to meet federal cost objectives. Refer to Chapter 4 of the CMB.

II. REPORTING CATEGORIES

	Total expenditure amounts for the four reporting categories on the DHS 4101 shall equal the cumulative total of all actual expenditures including unliquidated obligations, less non NSA expenditures claimed on invoices for the budget period.
Reporting Categories	There are four reporting categories:
	<u>Nutrition Education</u>
	The individual or group education sessions provide information and educational materials to WIC participants. These are designed to improve health status, achieve positive change in dietary habits, and emphasize relationships between nutrition and health, all in keeping with a participant's personal, cultural, and socioeconomic preferences. Refer to Chapter 1 of the CMB.
	<u>Breastfeeding Promotion and Support</u>
	Strategies, initiatives, and services that increase and advance the initiation and continuation of breastfeeding among WIC participants. These costs are addressed under regulations for Nutrition Education. Refer to Chapter 1 of the CMB.

Client Services

All costs expended to deliver food, other client services and benefits. Examples of these costs are staff salaries and fringe benefits, issuance of food instruments, referral of participants to other health care and social services, etc.

Administrative Services

All costs (direct or indirect) generally considered overhead or management costs. These costs include those associated with WIC program monitoring, prevention of fraud, general oversight, and food instrument accountability. This category may also be called Program Management.

**Required
Spending Levels
and Penalties**

A local agency must meet the spending levels for Nutrition Education, and Breastfeeding Promotion and Support activities. Refer to Chapter 1 of the CMB.

The State WIC Branch may assess a penalty of up to 18% of the annual authorized funds for failure to comply with statutory minimum spending levels for Nutrition Education and/or Breastfeeding Promotion and Support. Failure to comply may result in a reduction of NSA funds for the next budget period.

**In-Kind
Contributions**

In-kind contributions of allowable services or items received are acceptable as if they had been paid for with cash. Refer to CMB Glossary for definition.

A local agency may use in-kind contributions to satisfy, in whole or part, the expenditure requirements for Nutrition Education, and Breastfeeding Promotion and Support. However, do not report these costs on the DHS 4101. Only allowable expenses are to be reported on the DHS 4101. If you are unclear or have questions regarding in-kind contributions, please contact your fiscal advisor.

III. TIME STUDY

**Purpose of a
Time Study**

The purpose of a time study is to record the total time spent on activities for each reporting category. The local agency will convert the total time spent on each reporting category to a percentage. These percentages are the basis for distributing costs to the reporting categories.

Policy	<p>The local agency is required to conduct a time study for a minimum of one week a month or one month per quarter for all staff. Local agency should conduct the time study when staffing and duties are closest to normal.</p>
Time Study Forms to Complete	<p>There are two methods to report time:</p> <ul style="list-style-type: none">• All local agency WIC employees, full or part-time, who work <u>less</u> than 100% of their time in one reporting category are required to complete the Employee Daily Time Sheet each day during the time study period.• A full time employee working 100% of their time performing tasks in one of the reporting categories, a WIC Certification of Activity form may be completed. <p>It is the local agency's option whether or not to use the WIC Certification of Activity form (Attachment 12-2) or continue to have all employees complete the Employee Daily Time Sheet (Attachment 12-1).</p>
Where Time Study Percentages are Recorded	<p>At the end of the year, the total hours for all employees are recorded in columns (4) Nutrition Education, (5) Breastfeeding Promotion and Support, (6) Client Services, and (7) Administrative Services on the Agency Time Sheet Summary (Attachment 12-3).</p> <p>The percentage for each reporting category is entered in the DHS 4101 under Reporting Categories Percentages.</p>
Retention Period of Time Sheets	<p>Employee Daily Time Sheets, WIC Certification of Activity forms, and the Agency Time Sheet Summaries are retained at the local agency and must be kept for three years after the end of the contract.</p> <hr/>

IV. OPTIONS FOR COMPLETING THE DHS 4101

A local agency can choose one of the following options to report their total annual NSA expenditures for the budget period.

- | | |
|-----------------|--|
| Option 1 | Distributed costs to the four reporting categories in proportion to time study results. Follow the instructions for completing the forms attached to this chapter. <ul style="list-style-type: none">• Time Study Summary (Attachment 12-3);• Worksheet (Attachment 12-4); and• DHS 4101, Report of Actual Expenditures (Attachment 12-5). |
| Option 2 | Separately track and report costs 100% allocable to one category in combination with all other costs proportionately based on time study results. Contact your fiscal advisor for instructions for this option. |

V. REPORTING UNLIQUIDATED OBLIGATIONS (ULOs)

Unliquidated obligations are reported on the DHS 4101 due December 15 when orders for tangible goods are placed, services are received, and other similar transactions occur but are not paid during a budget period.

- | | |
|--|---|
| Reporting Unliquidated Obligations (ULOs) | The local agency reports the total amount of all ULOs on the Worksheet in Sections D, J, or P. A list of the ULOs (Attachment 12-6) must accompany the DHS 4101 submitted to the State WIC Branch by December 15. |
|--|---|
-

Methods to Liquidate Obligations	ULOs must be liquidated by one of the following three methods: <ul style="list-style-type: none"> • In the budget year obligated; or • If the tangible goods are received after September 30, the local agency may choose to either liquidate the purchase in the budget period being reported or the next budget period; or • If the DHS 4101 deadline is passed and the tangible goods are received in the next budget period, the purchase shall be charged to the year of receipt. Refer to Chapter 6 of the CMB.
When Obligations Must be Liquidated	Obligations for services rendered or orders for tangible goods placed during the budget period must be liquidated and reported no later than March 1. The ULO sections on the final Worksheet must total zero dollars

VI. SUBMISSION OF DHS 4101

What to Submit	The local agency must submit: <ul style="list-style-type: none"> • Worksheet (Attachment 12-4); • List of ULOs which are included on the Worksheet (Attachment 12-6); and • DHS 4101 Report of Actual Expenditures (Attachment 12-5). <p>The DHS 4101 requires two original signatures, Agency Director and Primary WIC Program Contact, and the date signed. <u>The signatures must be in blue ink</u>. The DHS 4101 is due December 15, and the signed report must be received by January 5. NO FAXES OR COPIES OF THE DHS 4101 WILL BE ACCEPTED.</p>
-----------------------	--

When to Submit The DHS 4101 is due to the WIC Branch no later than December 15 following the end of the budget period.

The State WIC Branch may deny or withhold payment of any outstanding invoice if the local agency fails to submit DHS 4101 by December 15. The signed DHS 4101 must be received by January 5.

A local agency may submit a revised DHS 4101 (with two original signatures in blue ink) no later than March 1.

Where to Submit

Women, Infants, and Children
Supplemental Nutrition Branch
Financial Management Reporting Section
3901 Lennane Drive
Sacramento, CA 95834
Attention: Local Agency Fiscal Unit

VII. ATTACHMENTS

Attachments Attachments for Chapter 12 follow this page.

Time Sheet

Attachment 12-1

Local Agency Name

Office Name

Employee

Title

Month/Year

Employee Signature

Signature of Supervisor

WIC CERTIFICATION OF ACTIVITY

Local Agency Name: _____

WIC Program Certification

I, _____, hereby certify that 100% of my
(Print Employee Name)

activities were spent working on the Women, Infants, and Children Supplemental Nutrition
Program funded by a federal grant for Federal Fiscal Year _____.

October-March

April - September

Federal Reporting Category (Which category did you perform 100% of your duties?)

Nutrition Education

Breastfeeding Promotion and Support

Client Services

General Administration

Your Classification: _____ Position No. _____

Signature _____

Agency Time Sheet Summary

Attachment 12-3

(1) _____
Local Agency Name

(2) _____
Month/Year

Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	(10)	(11)	(12)	(13)

Prepared by

WORKSHEET
Budget Period:
October 1, 2005 - September 30, 2006

1 Local Agency Name: ABC Agency Contract No: 05-12345

Step One		Section A	Section B Non NSA Grants			Section C	Section D	Section E
			Amount Invoiced	Total NSA Personnel Invoiced	Unliquidated Obligations (ULOs)			
PERSONNEL	2 Salaries & Wages	\$ 15,000.00	Farmer's Market \$ 500.00	Learner Centered Education \$ 2,500.00	Peer Counseling \$ 3,000.00	= \$ 9,000.00	+ \$ -	= \$ 9,000.00
	3 Fringe Benefits	\$ 5,000.00	Farmer's Market \$ 100.00	Learner Centered Education \$ -	Peer Counseling \$ 1,000.00	= \$ 3,900.00	+ \$ -	= \$ 3,900.00
	TOTAL	\$ 20,000.00	\$ 600.00	\$ 2,500.00	\$ 4,000.00	= \$ 12,900.00	+ \$ -	= \$ 12,900.00
Step Two		Section F	Section G Non NSA Grants			Section H	Section I	Section J
			Amount Invoiced	Total NSA Direct Operating Invoiced	Unliquidated Obligations (ULOs)			
DIRECT OPERATING	5 Operating Expenses	\$ 2,000.00	Farmer's Market \$ 10.00	Learner Centered Education \$ 10.00	Peer Counseling \$ 5.00	= \$ 1,975.00	+ \$ 50.00	= \$ 2,025.00
	6 Capital Expenditures	\$ 3,000.00	Farmer's Market \$ 5.00	Learner Centered Education \$ 10.00	Peer Counseling \$ 5.00	= \$ 2,980.00	+ \$ 5.00	= \$ 2,985.00
	7 Other Costs (subcontracts)	\$ 1,000.00	Farmer's Market \$ 5.00	Learner Centered Education \$ 10.00	Peer Counseling \$ 5.00	= \$ 980.00	+ \$ 5.00	= \$ 985.00
	TOTAL	\$ 6,000.00	\$ 20.00	\$ 30.00	\$ 15.00	= \$ 5,935.00	+ \$ 60.00	= \$ 5,995.00
Step Three		Section K	Section L Non NSA Grants			Section M	Section N	Section O
			Amount Invoiced	Total NSA Indirect Invoiced	Unliquidated Obligations (ULOs)			
INDIRECT OPERATING	TOTAL	\$ 1,500.00	\$ 50.00	\$ 100.00	\$ 100.00	= \$ 1,250.00	+ \$ -	= \$ 1,250.00
		Section P	Section Q Total Non NSA Grants			Section R	Section S	Section T
			Total Invoiced	Farmer's Market	Learner Centered Education			
GRAND TOTALS	\$ 27,500.00	\$ 670.00	\$ 2,630.00	\$ 4,115.00	= \$ 20,085.00	+ \$ 60.00	= \$ 20,145.00	Total NSA & ULOs

	Local Agency Completes
	Formula Driven

WORKSHEET
Budget Period:
October 1, 2005 - September 30, 2006

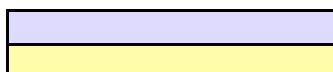
1 Local Agency Name: _____ Contract No: _____

Step One		Section A	Section B Non NSA Grants			Section C	Section D	Section E	
			Amount Invoiced	Farmer's Market	Learner Centered Education	Peer Counseling	Total NSA Personnel Invoiced	Unliquidated Obligations (ULOs)	Total NSA Personnel & ULOs
PERSONNEL 2 Salaries & Wages 3 Fringe Benefits		-					= \$ -	+ \$ -	= \$ -
		-					= \$ -	+ \$ -	= \$ -
		-	\$ -	\$ -	\$ -	\$ -	= \$ -	+ \$ -	= \$ -
		TOTAL	\$ -	\$ -	\$ -	\$ -	= \$ -	+ \$ -	= \$ -
Step Two		Section F	Section G Non NSA Grants			Section H	Section I	Section J	
			Amount Invoiced	Farmer's Market	Learner Centered Education	Peer Counseling	Total NSA Direct Operating Invoiced	Unliquidated Obligations (ULOs)	Total NSA Direct Operating & ULOs
DIRECT OPERATING 5 Operating Expenses 6 Capital Expenditures 7 Other Costs (subcontracts)		-					= \$ -	+ \$ -	= \$ -
		-					= \$ -	+ \$ -	= \$ -
		-					= \$ -	+ \$ -	= \$ -
		TOTAL	\$ -	\$ -	\$ -	\$ -	= \$ -	+ \$ -	= \$ -
Step Three		Section K	Section L Non NSA Grants			Section M	Section N	Section O	
			Amount Invoiced	Farmer's Market	Learner Centered Education	Peer Counseling	Total NSA Indirect Invoiced	Unliquidated Obligations (ULOs)	Total Indirect & ULOs
INDIRECT OPERATING		TOTAL					= \$ -	+ \$ -	= \$ -
		Section P	Section Q Total Non NSA Grants			Section R	Section S	Section T	
			Farmer's Market	Learner Centered Education	Peer Counseling	Total NSA Invoiced	Total Unliquidated Obligations (ULOs)	Total NSA & ULOs	
GRAND TOTALS		Total Invoiced					= \$ -	+ \$ -	= \$ -

	Local Agency Completes
	Formula Driven

DHS 4101
REPORT OF ACTUAL EXPENDITURES
Budget Period: October 1, 2005 - September 30, 2006

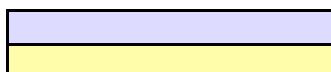
Section A				Section B				
1	LOCAL AGENCY NAME:			<u>CHECK APPLICABLE</u>				
2	CONTRACT NO:			<u>LIST OF UNLIQUIDATED OBLIGATIONS ATTACHED</u>				
3	DATE SUBMITTED:			<u>ALL OBLIGATIONS LIQUIDATED</u>				
4	DATE REVISED:			<u>FINAL</u>				
		Section C REPORTING CATEGORIES PERCENTAGES						
		25.00%	19.00%	35.00%	21.00%	100.00%		
NSA EXPENSE CATEGORIES	Section D NSA EXPENSE TOTAL	NUTRITION EDUCATION	BREASTFEEDING PROMOTION & SUPPORT	CLIENT SERVICES	GENERAL ADMINISTRATION	Section E TOTALS	GRAND TOTALS	
6	TOTAL PERSONNEL	\$ 12,900.00	\$ 3,225.00	\$ 2,451.00	\$ 4,515.00	\$ 2,709.00	\$ 12,900.00	
7	TOTAL DIRECT OPERATING	\$ 5,995.00	\$ 1,498.75	\$ 1,139.05	\$ 2,098.25	\$ 1,258.95	\$ 5,995.00	
8	TOTAL INDIRECT OPERATING	\$ 1,250.00	\$ 312.50	\$ 237.50	\$ 437.50	\$ 262.50	\$ 1,250.00	
9	TOTAL ANNUAL EXPENDITURES	\$ 20,145.00	\$ 5,036.25	\$ 3,827.55	\$ 7,050.75	\$ 4,230.45	\$ 20,145.00	
Section F								
I certify that this report contains only actual expenditures for allowable WIC programs costs for the budget period and performed in accordance with WIC contract provisions.								
10	Agency Director	_____ SIGNATURE (in blue ink)			_____ DATE			
11	Primary WIC Program Contact	_____ SIGNATURE (in blue ink)			_____ DATE			



Local Agency Completes
Formula Driven

DHS 4101
REPORT OF ACTUAL EXPENDITURES
Budget Period: October 1, 2005 - September 30, 2006

Section A				Section B			
1	LOCAL AGENCY NAME:			<u>CHECK APPLICABLE</u>			
2	CONTRACT NO:			LIST OF UNLIQUIDATED OBLIGATIONS ATTACHED			
3	DATE SUBMITTED:			ALL OBLIGATIONS LIQUIDATED			
4	DATE REVISED:			FINAL			
5			Section C REPORTING CATEGORIES PERCENTAGES				
	NSA EXPENSE CATEGORIES	Section D NSA EXPENSE TOTAL	NUTRITION EDUCATION	BREASTFEEDING PROMOTION & SUPPORT	CLIENT SERVICES	GENERAL ADMINISTRATION	Section E GRAND TOTALS
6	TOTAL PERSONNEL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7	TOTAL DIRECT OPERATING	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8	TOTAL INDIRECT OPERATING	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9	TOTAL ANNUAL EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Section F							
I certify that this report contains only actual expenditures for allowable WIC programs costs for the budget period and performed in accordance with WIC contract provisions.							
10	Agency Director			SIGNATURE (in blue ink)		DATE _____	
11	Primary WIC Program Contact			SIGNATURE (in blue ink)		DATE _____	



Local Agency Completes
Formula Driven

LIST OF UNLIQUIDATED OBLIGATIONS

Attachment 12-6

Budget Period October 1, 2005 - September 30, 2006

Local Agency Name: _____

Contract No.: _____

VENDOR NAME	ITEM (S)	DOCUMENT NUMBER (Contract No, PO No, etc.)	ULO Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

TOTAL

\$

-

WORKSHEET INSTRUCTIONS

Use this procedure table to complete the Worksheet (Attachment 12-4). The fields on the worksheet are numbered as shown in the following chart. Totals are formula driven and linked to the DHS 4101.

Field Name	Worksheet Field Description	Who Completes Field
Local Agency Name	Local agency name as shown on the executed contract and amendments (line 1).	Local Agency
Contract No.	Number assigned by the State for the executed contract and amendments for which costs may be claimed (line 1).	Local Agency
STEP ONE (Personnel)		
Section A Amount Invoiced	The amount invoiced for Salaries and Wages (line 2) and Fringe Benefits (line 3).	Local Agency
Section B Non NSA Grants	The amount invoiced for Salaries and Wages (line 2) and Fringe Benefits (line 3) for grants that are non NSA funded (Farmers' Market, Learner Centered Education and Peer Counseling).	Local Agency
Section D Unliquidated Obligations (ULOs)	<p>The amounts of any ULOs for Salaries and Wages (line 2) and Fringe Benefits (line 3).</p> <p>NOTE: To claim ULOs during this budget period, a list of ULOs must accompany the DHS 4101 when it is submitted to the State WIC Branch (Attachment 12-6).</p>	Local Agency

Field Name	Worksheet Field Description	Who Completes Field
	STEP TWO (Direct Operating)	
Section F	The amount invoiced for Operating Expenses (line 5), Capital Expenditures (line 6), and Other Costs (Subcontracts) (line 7).	Local Agency
Section G Non NSA Grants	The amount invoiced for Operating Expenses (line 5), Capital Expenditures (line 6), and Other Costs (Subcontracts) (line 7) for grants that are non NSA funded (Farmers' Market, Learner Centered Education and Peer Counseling).	Local Agency
Section I Unliquidated Obligations (ULOs)	The amounts of ULOs for Operating Expenses (line 5), Capital Expenditures (line 6) and Other Costs (Subcontracts) (line 7).	Local Agency
	NOTE: To claim ULOs during this budget period a list of ULOs must accompany the DHS 4101 when it is submitted to the State WIC Branch (Attachment 12-6).	
	STEP THREE (Indirect Operating)	
Section K Amount Invoiced	The amount invoiced for Indirect Operating (line 9).	Local Agency
Section L Non NSA Grants	The amount invoiced for Indirect Operating for any grants that are non NSA funded (Farmers' Market, Learner Centered Education and Peer Counseling) (line 9).	Local Agency
Section N Unliquidated Obligations (ULOs)	The amount of ULOs for Indirect Operating (line 9).	Local Agency
	NOTE: To claim ULOs during this budget period a list of ULOs must accompany the DHS 4101 when it is submitted to the State WIC Branch (Attachment 12-6).	

DHS 4101 INSTRUCTIONS

Use this procedure table to complete the DHS 4101 (Attachment 12-5). The fields on the DHS 4101 are numbered as shown in the following chart.

Field Name	DHS 4101 Field Description	Who Completes Field
Section A Local Agency Name	Local agency name as shown on the executed contract and amendments (line 1).	Local Agency
Section A Contract No.	Number assigned by the State for the executed contract and amendments for which costs may be claimed (line 2).	Local Agency
Section A Date Submitted	Indicates the date the DHS 4101 is being submitted (line 3).	Local Agency
Section A Date Revised	Indicates the date the revised DHS 4101 is being submitted (line 4).	Local Agency
Section B Check Applicable	<p>One or more of the following must be checked:</p> <ul style="list-style-type: none"> • <u>List of ULOs Attached</u> This list must be included with the DHS 4101 whenever an amount is entered in Sections D, J, or P on the Worksheet (line 2). • <u>All Obligations Liquidated</u> When all obligations have been paid for the budget period and a zero balance is shown in Section V on the worksheet (line 3). • <u>Final</u>: This must be checked when the local agency is certain no other changes will be necessary to the DHS 4101, all obligations have been liquidated, and this is the last version of the DHS 4101 to be submitted (line 4). 	Local Agency

Field Name	DHS 4101 Field Description	Who Completes Field
Section C Reporting Categories Percentages	<p>Enter the percentage of time spent on each reporting category determined by the local agency's time studies (line 5).</p> <p>NOTE: Percentages are carried out to only two decimal places. The Grand Total must equal 100%.</p>	Local Agency